

NORTHAMPTONSHIRE COUNTY COUNCIL  
EDUCATION COMMITTEE

---

**FORTY-FIFTH**  
**ANNUAL REPORT**  
OF THE  
**SCHOOL MEDICAL OFFICER**  
FOR THE YEAR  
**1952**

---



Digitized by the Internet Archive  
in 2018 with funding from  
Wellcome Library

<https://archive.org/details/b29919605>

SCHOOL HEALTH DEPARTMENT,  
GUILDHALL ROAD,  
NORTHAMPTON.

*April, 1953.*

TO THE MEMBERS OF THE  
NORTHAMPTONSHIRE EDUCATION COMMITTEE.

I have pleasure in presenting the forty-fifth Annual Report of the School Medical Officer.

The work of the department has been continued as in previous years.

A greater degree of accuracy in the ascertainment of handicapped pupils is being obtained. There are now available more places in special schools than formerly so that children who are handicapped, for example deaf, partially deaf, blind, partially blind, crippled or educationally sub-normal are reported by Head Teachers, General Practitioners, Health Visitors and parents. Loddington Hall Boarding School with sixty places for educationally sub-normal pupils was prepared for opening early in 1953. A school of this kind has been much needed for years and the Authority has been fortunate in securing suitable premises at Loddington which is conveniently situated to serve the needs of the County.

With the opening of Loddington Hall the waiting list will be much reduced. The only other handicapped pupils who have to wait for admission to a special school are the deaf and this is unfortunate because these children should all be admitted as soon as they can profit by the special methods of education employed.

Thanks to close co-operation with the Consultant Dermatologist and the provision of a special lamp which can be taken to schools, an efficient scheme for the diagnosis of ringworm has been prepared. Instead of large groups of children, who have been exposed to ringworm, being brought to Hospital by bus, the lamp can be taken to schools. Some 600 pupils were examined in Finedon in the Autumn with the new lamp.

The work of improving village schools goes forward and the Authority is faced with an onerous task in taking over a large number of schools which have become Controlled and will require considerable expenditure in their re-conditioning. At the risk of

stating the obvious, the new schools which have been opened recently are a school medical officer's dream of the highest standards of hygiene translated into brick and lime. The contrast between the very latest schools which are flooded with light and colour, and the older rural village schools is indeed striking. Some of the rural schools are still condemned to pail closets but the Committee's progressive policy of conversion as soon as piped water supplies and sewerage are available will in time eliminate all pail closets.

An efficient system of supervision of school milk is in operation and it is gratifying to report that only four schools are now supplied with milk which is neither tuberculin tested nor pasteurised.

There is no doubt that the general condition of the school children continues to improve : they are better nourished, better clad and better cared for.

I have to thank the Chairman and members of the Medical Inspection and Treatment Committee for their keen interest and support, and the Chief Education Officer and County Architect for their co-operation and assistance. The willing help which the head teachers throughout the County render to the Department in our efforts to promote the health of the school child is gratefully acknowledged and finally I would thank all members of my own staff for the excellent work they have done.

I have the honour to be,

Your obedient servant,

CHARLES MILLIKEN SMITH,  
*School Medical Officer.*

## STAFF

### *School Medical Officer—*

C. M. Smith, O.B.E., M.A., M.D., D.P.H.

### *Deputy School Medical Officer—*

D. A. McCracken, M.D., D.P.H. (to 30th September).

M. J. Pleydell, M.C., M.D., D.P.H. (from 1st October).

### *Assistant School Medical Officers—*

J. T. Murphy, M.B., Ch.B., B.A.O., D.P.H.

P. X. Bermingham, M.B., Ch.B., B.A.O., D.P.H.

A. Lucas, L.R.C.P.E., L.R.C.S.E., L.R.F.P.S.G., D.P.H.

W. H. P. Minto, M.B., Ch.B., D.P.H. (to 22nd April).

H. A. H. Summers, M.B., B.Ch., B.A.O., D.P.H.

Muriel C. Goodchild, M.R.C.S., L.R.C.P., D.C.H.

Mary G. H. Dickson, M.R.C.S., L.R.C.P., D.P.H.

Nora V. Crowley, M.B., Ch.B., B.A.O., D.C.H.

### *School Dental Officers—*

I. J. Faulds, L.D.S. (Senior Dental Officer).

C. M. Perry, L.D.S.

R. J. H. Corfe, L.D.S.

J. P. Finnan, L.D.S.

Mrs. F. M. Jones, L.D.S.

### *Consulting Psychiatrist—*

J. E. G. Vincenzi, M.R.C.S., L.R.C.P., D.P.M. (Locum Tenens to 17th January).

Edith M. Booth, M.B., Ch.B.(Hnrs.), D.P.M. (Locum Tenens from 6th March to 14th November).

R. Thompson, M.B., B.Ch., B.A.O.(Hnrs.), D.P.M. (from 1st November).

### *Educational Psychologist—*

L. P. Star, M.A., Ph.D. (to 31st August).

Miss D. V. Scott, M.A. (from 8th September).

*Psychiatric Social Worker—*

Miss E. E. Bitchenor, B.A.

*Speech Therapist—*

Miss A. R. Major-Lucas, L.C.S.T. (to 30th August).

Miss D. Dentith, L.C.S.T. (from 1st September).

*School Nurses—*

Assistant Superintendent Nursing Officer and Health Visitors,  
equivalent of 11.41 full-time nurses.

*Dental Attendants—*

Five whole-time attendants are employed.

No. of schools in the Authority's area at 31st December, 1952 :

|                           |       |
|---------------------------|-------|
| Primary .....             | 256   |
| Secondary Technical ..... | 4     |
| Secondary Grammar .....   | 8     |
| Secondary Modern .....    | 17    |
| Nursery schools .....     | 2     |
| Special schools .....     | 2     |
|                           | <hr/> |
| Total .....               | 289   |
|                           | <hr/> |

Average number of pupils on the registers during the year : **36,719.**

## TABLE I

### Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

#### A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed groups :

|                        |       |
|------------------------|-------|
| Entrants .....         | 3748  |
| Second Age Group ..... | 2886  |
| Third Age Group .....  | 1800  |
|                        | <hr/> |
| Total .....            | 8434  |
|                        | <hr/> |

Number of other Periodic Inspections..... 123

Grand Total ..... 8557

#### B.—OTHER INSPECTIONS

|                                     |       |
|-------------------------------------|-------|
| Number of Special Inspections ..... | 4196  |
| Number of Re-inspections .....      | 453   |
|                                     | <hr/> |
| Total .....                         | 4649  |
|                                     | <hr/> |

## **MEDICAL INSPECTION**

The medical inspection of pupils on entry to school, at 10 years of age, during the last year at school and, in the case of pupils attending the Authority's Grammar and High schools, at 13 years of age, was continued throughout the year.

Owing to staffing difficulties, visits could not be arranged to 79 schools in the area. The addition to the Staff of another medical officer, who will spend about half her time on the school health service, will enable the department to arrange for every school to be visited annually.

In addition to the routine examination of 8,557 pupils (23% of the numbers on the registers), 453 pupils who had been found at a previous inspection during the current year to have one or more defects were re-examined. These re-examinations are classed by the Ministry as "re-inspections".

Pupils who are referred for examination by Head Teachers or Health Visitors are classified as "special inspections", and 4,196 children were included in this category. As will be seen from Table I, 35% of all children examined were "specials" or "re-inspections" and last year the corresponding percentage was 36.

### **Co-operation with Hospitals**

I am glad to state that when a report is required on an individual case, the consultants at the hospital give me the fullest co-operation, and I receive from them very valuable reports. The routine reports on all children treated in Hospitals in the County, as recommended in Circular 179 of the Ministry of Education, are, however, not received. These reports would undoubtedly be useful to the medical officers in their routine inspections.

### **Examinations to ascertain the need for special educational treatment.**

#### **EDUCATIONALLY SUB-NORMAL PUPILS**

Included among the 4,196 children seen as "specials" were 126 pupils who were examined to ascertain whether they were educationally sub-normal. These examinations involve the completion of a six page form and the carrying out of a full intelligence test. As the results of the examination will often have a crucial

effect on the future career, the examining doctor is allowed a full morning or afternoon session for each child.

The figure given in column 7, Section B of the following table shows that 53 of these pupils were found to require special school education on account of being educationally sub-normal. The results of the examinations of the remaining 73 pupils reported as educationally sub-normal are summarized as follows :

|                                                                                                                                                                                   |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Recommended special help in ordinary class .....                                                                                                                                  | 29 |
| Not found to be educationally sub-normal.....                                                                                                                                     | 24 |
| Incapable of receiving education at school, and reported to the local Health Authority under Section 57(3) of the Education Act, 1944 .....                                       | 11 |
| Incapable of receiving education at school in that it is inexpedient that child should be educated in association with other children (Education Act, 1944, Section 57(4) ) ..... | 3  |
| Recommended supervision after leaving school and reported to the local Health Authority under Section 57(5) of the Act .....                                                      | 6  |

A considerable amount of time was spent in the examination of pupils thought suitable for admission to the Authority’s special boarding school for educationally sub-normal pupils at Loddington Hall, which was opened early in 1953. The provision of this school should materially assist in reducing the waiting list, which numbered 151 at the end of the year.

OTHER HANDICAPPED PUPILS

A further 62 pupils were specially examined to ascertain the need for special educational treatment, and the table shows the extent to which the Authority has been able to implement the doctors’ recommendations (section A), the total number of pupils in special schools at the end of the year (section C), the number receiving home tuition (section D), and the number waiting placement in special schools (section E).

Deaf pupils still have a considerable time to wait for admission to special residential schools.

# HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

|                                                                                                                   | (1) Blind<br>(2) Partially<br>sighted | (3) Deaf<br>(4) Partially<br>deaf | (5) Delicate<br>(6) Physically<br>Handicapped | (7) Educationally<br>sub-normal<br>(8) Maladjusted | (9) Epileptic | TOTAL<br>1-9 |     |     |     |      |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------------------|----------------------------------------------------|---------------|--------------|-----|-----|-----|------|
|                                                                                                                   | (1)                                   | (2)                               | (3)                                           | (4)                                                | (5)           | (6)          | (7) | (8) | (9) | (10) |
| In the calendar year ended<br>31st Dec., 1952                                                                     |                                       |                                   |                                               |                                                    |               |              |     |     |     |      |
| A. Handicapped Pupils <i>newly placed</i> in Special Schools or Homes ... ..                                      | 1                                     | —                                 | 4                                             | —                                                  | 28            | 6            | 14  | 13  | 2   | 68   |
| B. Handicapped Pupils <i>newly ascertained</i> as requiring education at Special Schools or boarding in Homes ... | 2                                     | 4                                 | 2                                             | 1                                                  | 29            | 7            | 53  | 15  | 2   | 115  |
| On or about Dec. 1st, 1952:                                                                                       |                                       |                                   |                                               |                                                    |               |              |     |     |     |      |
| C. Number of Handicapped Pupils from the area—                                                                    |                                       |                                   |                                               |                                                    |               |              |     |     |     |      |
| (i) attending Special Schools as :                                                                                |                                       |                                   |                                               |                                                    |               |              |     |     |     |      |
| (a) Day Pupils... ..                                                                                              | —                                     | —                                 | —                                             | —                                                  | 38            | 24           | 46  | —   | —   | 108  |
| (b) Boarding Pupils ...                                                                                           | 9                                     | 2                                 | 13                                            | 2                                                  | 11            | 6            | 16  | 1   | 5   | 65   |
| (ii) boarded in Homes ...                                                                                         | —                                     | —                                 | —                                             | —                                                  | —             | —            | —   | 15  | —   | 15   |
| (iii) attending independent schools under arrangements made by the Authority ... ..                               | —                                     | —                                 | —                                             | —                                                  | —             | 1            | 2   | —   | —   | 3    |
| Total (C) ... ..                                                                                                  | 9                                     | 2                                 | 13                                            | 2                                                  | 49            | 31           | 64  | 16  | 5   | 191  |

Handicapped Pupils requiring education at special schools or boarding in boarding homes (continued)—

|                                                                                                                                                                         | (1) Blind<br>(2) Partially<br>sighted |     | (3) Deaf<br>(4) Partially<br>deaf |     | (5) Delicate<br>(6) Physically<br>Handicapped |     | (7) Educationally<br>sub-normal<br>(8) Maladjusted |     | (9)<br>Epileptic | TOTAL<br>1-9 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----|-----------------------------------|-----|-----------------------------------------------|-----|----------------------------------------------------|-----|------------------|--------------|
|                                                                                                                                                                         | (1)                                   | (2) | (3)                               | (4) | (5)                                           | (6) | (7)                                                | (8) | (9)              | (10)         |
| D. Number of Handicapped Pupils being educated under arrangements made under Sec. 56 of the Education Act, 1944                                                         |                                       |     |                                   |     |                                               |     |                                                    |     |                  |              |
| (i) in hospitals ...                                                                                                                                                    | —                                     | —   | —                                 | —   | —                                             | —   | —                                                  | —   | —                | —            |
| (ii) elsewhere (home tuition)                                                                                                                                           | —                                     | —   | —                                 | —   | —                                             | 1   | —                                                  | —   | —                | 1            |
| E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition) ... | 1                                     | 4   | 2                                 | 1   | 4                                             | 1   | 151                                                | 2   | 1                | 167          |

## FINDINGS AT MEDICAL INSPECTION

### TABLE I

C.—PUPILS FOUND TO REQUIRE TREATMENT

| Group<br>(1)                  | For defective<br>vision<br>(excluding<br>squint)<br>(2) | For any of the<br>other conditions<br>recorded in<br>Table IIa<br>(3) | Total<br>individual<br>pupils<br>(4) |
|-------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------|
| Entrants .....                | 66                                                      | 243                                                                   | 287                                  |
| Second Age Group .....        | 181                                                     | 131                                                                   | 303                                  |
| Third Age Group.....          | 107                                                     | 77                                                                    | 183                                  |
| <hr/>                         |                                                         |                                                                       |                                      |
| Total (prescribed groups) ... | 354                                                     | 451                                                                   | 773                                  |
| Other Periodic Inspections... | 12                                                      | 8                                                                     | 19                                   |
| <hr/>                         |                                                         |                                                                       |                                      |
| Grand Total .....             | 366                                                     | 459                                                                   | 792                                  |
| <hr/>                         |                                                         |                                                                       |                                      |

**TABLE IIa**

**Return of Defects found by Medical Inspection in the year ended  
31st December, 1952**

| Defect<br>Code<br>No. | Defect or Disease<br><br>(1) | PERIODIC<br>INSPECTIONS           |                                                                                             | SPECIAL<br>INSPECTIONS            |                                                                                             |
|-----------------------|------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------|
|                       |                              | No. of Defects                    |                                                                                             | No. of Defects                    |                                                                                             |
|                       |                              | Requiring<br>treatment<br><br>(2) | Requiring<br>to be kept<br>under<br>observation<br>but not<br>requiring<br>treatment<br>(3) | Requiring<br>treatment<br><br>(4) | Requiring<br>to be kept<br>under<br>observation<br>but not<br>requiring<br>treatment<br>(5) |
| 4                     | Skin ... ..                  | 37                                | 86                                                                                          | 15                                | 27                                                                                          |
| 5                     | Eyes—(a) Vision... ..        | 366                               | 272                                                                                         | 240                               | 298                                                                                         |
|                       | (b) Squint ... ..            | 52                                | 68                                                                                          | 30                                | 75                                                                                          |
|                       | (c) Other ... ..             | 19                                | 24                                                                                          | 7                                 | 31                                                                                          |
| 6                     | Ears—(a) Hearing ... ..      | 6                                 | 31                                                                                          | 5                                 | 30                                                                                          |
|                       | (b) Otitis Media ... ..      | 7                                 | 81                                                                                          | 10                                | 24                                                                                          |
|                       | (c) Other ... ..             | 14                                | 28                                                                                          | 11                                | 15                                                                                          |
| 7                     | Nose or Throat ... ..        | 140                               | 1046                                                                                        | 133                               | 477                                                                                         |
| 8                     | Speech ... ..                | 18                                | 43                                                                                          | 41                                | 35                                                                                          |
| 9                     | Cervical Glands ... ..       | 9                                 | 468                                                                                         | 3                                 | 230                                                                                         |
| 10                    | Heart and Circulation ... .. | —                                 | 65                                                                                          | 2                                 | 67                                                                                          |
| 11                    | Lungs ... ..                 | 18                                | 159                                                                                         | 12                                | 89                                                                                          |
| 12                    | Developmental—               |                                   |                                                                                             |                                   |                                                                                             |
|                       | (a) Hernia ... ..            | 3                                 | 10                                                                                          | 1                                 | 5                                                                                           |
|                       | (b) Other ... ..             | 7                                 | 99                                                                                          | 2                                 | 32                                                                                          |
| 13                    | Orthopædic—                  |                                   |                                                                                             |                                   |                                                                                             |
|                       | (a) Posture ... ..           | 35                                | 120                                                                                         | 14                                | 56                                                                                          |
|                       | (b) Flat Foot ... ..         | 58                                | 151                                                                                         | 34                                | 42                                                                                          |
|                       | (c) Other ... ..             | 64                                | 233                                                                                         | 31                                | 145                                                                                         |
| 14                    | Nervous system—              |                                   |                                                                                             |                                   |                                                                                             |
|                       | (a) Epilepsy... ..           | 1                                 | 15                                                                                          | 2                                 | 7                                                                                           |
|                       | (b) Other ... ..             | 9                                 | 41                                                                                          | 8                                 | 33                                                                                          |
| 15                    | Psychological—               |                                   |                                                                                             |                                   |                                                                                             |
|                       | (a) Development ... ..       | 4                                 | 51                                                                                          | 23                                | 2                                                                                           |
|                       | (b) Stability... ..          | 1                                 | 24                                                                                          | 2                                 | 22                                                                                          |
| 16                    | Other ... ..                 | 12                                | 62                                                                                          | 6                                 | 65                                                                                          |

As in previous years, the most common conditions for which observation and treatment were required were those related to defects of the nose and throat, mostly enlarged tonsils and adenoids. Defects of vision came next in frequency, followed by enlarged cervical glands.

**Examination of children in part-time employment**

In accordance with arrangements instituted last year, lists of children allowed to work are received from the Chief Education Officer and the pupils are examined by members of the staff at

routine visits to schools. Under these arrangements, 73 children were examined and in no case was it found that employment would be prejudicial to the health and physical development of the child.

TABLE IIb

Classification of the General Condition of Pupils inspected during the year in the Age Groups

| Age Groups.                    | Number of Pupils inspected | A.<br>(Good) |             | B.<br>(Fair) |             | C.<br>(Poor) |             |
|--------------------------------|----------------------------|--------------|-------------|--------------|-------------|--------------|-------------|
|                                |                            | No.          | % of Col. 2 | No.          | % of Col. 2 | No.          | % of Col. 2 |
| (1)                            | (2)                        | (3)          | (4)         | (5)          | (6)         | (7)          | (8)         |
| Entrants ... ..                | 3748                       | 1526         | 40.7        | 2146         | 57.3        | 76           | 2.0         |
| Second Age Group...            | 2886                       | 816          | 28.3        | 2026         | 70.2        | 44           | 1.5         |
| Third Age Group ...            | 1800                       | 599          | 33.3        | 1177         | 65.4        | 24           | 1.3         |
| Other Periodic Inspections ... | 123                        | 16           | 13.0        | 106          | 86.2        | 1            | 0.8         |
| Total ...                      | 8557                       | 2957         | 34.6        | 5455         | 67.7        | 145          | 1.7         |

These figures are based on the subjective assessment of the general condition of each pupil by the examining doctor. As stated in previous reports, the standards vary from one doctor to another, but the figures would appear to show that the general improvement shown in last year's report has been maintained.

On the recommendation of the examining doctors, nutritional supplements were supplied free to seven children whose general condition was " poor ".

MEDICAL TREATMENT

GROUP 1—Diseases of the skin (excluding uncleanness, for which see Table III)

|                     |      |       |     |     |     | Number of cases treated or under treatment during the year. |            |
|---------------------|------|-------|-----|-----|-----|-------------------------------------------------------------|------------|
|                     |      |       |     |     |     | By the Authority.                                           | Otherwise. |
| Ringworm            | —(i) | Scalp | ... | ... | ... | —                                                           | 24         |
|                     | (ii) | Body  | ... | ... | ... | —                                                           | 5          |
| Scabies             | ...  | ...   | ... | ... | ... | —                                                           | —          |
| Impetigo            | ...  | ...   | ... | ... | ... | 37                                                          | —          |
| Other skin diseases | ...  | ...   | ... | ... | ... | 79                                                          | 8          |
| Total               |      |       | ... | ... | ... | 116                                                         | 37         |

**Ringworm**

The Consultant Dermatologist, Dr. R. B. Coles, advises me immediately a case of ringworm in a school child has been found. In January, he reported that two children attending schools in Weedon had ringworm of the scalp and he recommended that all the pupils should be examined by Wood’s Filter at the hospital. Transport was provided to bring the children to the hospital, where out of 200 examined, two were found to be suffering from the disease.

About the same time a case was reported at Wellingborough and Dr. McCracken examined 400 children at the Rock Street Clinic with a Wood’s Filter fitted to an ordinary ultra-violet ray lamp.

Experience showed that it would be useful to have a portable Wood’s Filter lamp so that when ringworm was found in a school the lamp could be taken to the school. A lamp suitable for this purpose was obtained and was used later on in the year for the examination of 600 children attending schools in Finedon. With the valuable co-operation of the Consultant Dermatologist, who reports the first cases seen, and the prompt examination of the contacts with the Wood’s Filter at the school, we now have a very efficient scheme for dealing with ringworm. Dr. Coles tells me that the ringworm of the scalp cases in the County were *M. canis* infections.

As far as can be ascertained, 29 cases of ringworm were reported.

The 37 cases of impetigo and 79 “ other skin diseases ” (cuts and abrasions), were all treated at the minor ailment clinics by the health visitors.

**Minor Ailment Clinics**

Minor Ailment Clinics are held at Corby (twice weekly), at Kettering—Kingsley Special School and Stockburn Memorial Home—(daily, except Saturday) and at Wellingborough (once weekly) and from information supplied by health visitors the following treatment was given in addition to that shown above :

|                                                     |     |
|-----------------------------------------------------|-----|
| Defects of ear, nose and throat (see Group 3) ..... | 26  |
| Eye diseases (see Group 2) .....                    | 95  |
| Miscellaneous minor ailments .....                  | 231 |

The total number of attendances at these clinics was 2,138.

Very little time is spent by the health visitors at the minor ailment clinics, as most of the treatment does not require the skilled attention of a trained health visitor, and is of the type that is ordinarily carried out by parents themselves.

### Defective vision

There was a considerable increase in the number of pupils examined, namely 2,374 compared with 1,796 the previous year, and there was also an increase in the number of clinic sessions.

| <i>School Eye Clinic</i> | <i>Number of Sessions</i> | <i>Number on waiting list at 31/12/52</i> |
|--------------------------|---------------------------|-------------------------------------------|
| Corby .....              | 28                        | 15                                        |
| Daventry .....           | 9                         | 21                                        |
| Kettering .....          | 35                        | 149                                       |
| Northampton .....        | 25                        | 51                                        |
| Oundle .....             | 5                         | 1                                         |
| Rushden .....            | 20                        | 12                                        |
| Thrapston.....           | 4                         | 3                                         |
| Towcester.....           | 6                         | 1                                         |
| Wellingborough .....     | 34                        | 38                                        |
| Woodford Halse .....     | 1                         | 12                                        |
|                          | <hr/>                     | <hr/>                                     |
|                          | 167                       | 303                                       |
|                          | <hr/>                     | <hr/>                                     |

In addition, 88 children from the south-west part of the County were seen by Dr. McLatchy at his Banbury and Brackley eye clinics.

The number awaiting defective vision examination at the end of the year was 303, which was less than the corresponding number last year, namely 415. Between the time when a pupil is recommended for examination and the holding of the clinic session there must unavoidably be a wait of several weeks.

## GROUP 2—Eye diseases, defective vision and squint

|                                                                      |  |  |  |  | Number of cases dealt with. |            |
|----------------------------------------------------------------------|--|--|--|--|-----------------------------|------------|
|                                                                      |  |  |  |  | By the Authority.           | Otherwise. |
| External and other, excluding errors of refraction and squint ... .. |  |  |  |  | 102                         | Not known. |
| Errors of refraction (including squint) ...                          |  |  |  |  | —                           | 2374       |
| Total ... ..                                                         |  |  |  |  | 102                         | 2374       |
| Number of pupils for whom spectacles were                            |  |  |  |  |                             |            |
| (a) Prescribed ... ..                                                |  |  |  |  | —                           | 1083       |
| (b) Obtained ... ..                                                  |  |  |  |  | —                           | Not known  |

## GROUP 3—Diseases and defects of ear, nose and throat

|                                                 |  |  |  |  | Number of cases dealt with. |            |
|-------------------------------------------------|--|--|--|--|-----------------------------|------------|
|                                                 |  |  |  |  | By the Authority.           | Otherwise. |
| Received operative treatment                    |  |  |  |  |                             |            |
| (a) for diseases of the ear ... ..              |  |  |  |  | —                           | Not known. |
| (b) for adenoids and chronic tonsillitis ... .. |  |  |  |  | —                           | 794        |
| (c) for other nose and throat conditions ... .. |  |  |  |  | —                           | 4          |
| Received other forms of treatment ...           |  |  |  |  | 26                          | Not known. |
| Total ... ..                                    |  |  |  |  | 26                          | 798        |

The arrangements made in January, 1951, whereby school children are seen at special weekly ear, nose and throat clinics at Northampton General Hospital, at Kettering and District General Hospital and at Rushden Memorial Hospital have been continued. The follow-up procedure described in last year's report has also been maintained. As soon as a school child is discharged following tonsils and adenoids operation, the department is notified and the district nurse is sent a copy of the after-care instructions prepared by one of the consultants. Children are then seen at school by a member of the medical staff at any convenient time between six and twelve months after the operation, when assessment of the results of the operation is made and copies of the findings are sent to the consultant concerned. These arrangements have been found useful by the consultants who wish them to be retained. The number of children who had operative treatment for tonsils and adenoids was 794 compared with 784 last year.

Orthopædic and postural defects

|                                                                           |                   |            |
|---------------------------------------------------------------------------|-------------------|------------|
| (a) Number treated as in-patients in hospitals ... ..                     | 97                |            |
|                                                                           | By the Authority. | Otherwise. |
| (b) Number treated otherwise, e.g., in clinics or out-patient departments | Nil.              | 1190       |

These figures are supplied by the Secretary of the Manfield Orthopædic Hospital, to whom I am obliged. Close co-operation has been maintained with the Manfield Hospital, particularly in connection with the out-patient clinics to which many cases of orthopædic defect are referred. Most of the defects, as in previous years, were minor degrees of scoliosis, round shoulder, flat foot and knock knee.

INFECTIOUS DISEASES

In 1950 the following circular was issued jointly by the School Medical Officer and the Chief Education Officer to Head Teachers:

To enable early steps to be taken to control infection in schools, it is essential that prompt notification should be made to the School Medical Officer. The revised form M.I. 47 (now SHS/9) should be used.

Since the object in reporting is to enable the School Health Department to decide whether the incidence of disease in your school calls for effective action to be taken, you should report on the outbreak or suspected outbreak of all infectious diseases. In practice, the first cases of Scarlet Fever or Diphtheria and Infantile Paralysis (Acute Poliomyelitis) should be reported, and in the rural schools, the first cases of Measles, German Measles and Whooping Cough should also be notified. Mumps, Chicken Pox, Influenza and severe colds should be reported when multiple cases have occurred, and so also should infectious Hepatitis (acute Catarrhal Jaundice) which is not at present a notifiable disease in this County.

With regard to Infantile Paralysis, this opportunity is taken of informing you that the exclusion period of contacts is three weeks. The current edition of the card on exclusion of contacts (M.I.16) contains no reference to this disease.

It would appear that the law now dealing with school closure and exclusion is as follows :

- ‘ (i) Section 150 of the Public Health Act, 1936, empowers a District Medical Officer of Health to instruct parents not to send infected children or contacts to school.
- ‘ (ii) The Education Committee have the power to close a School on account of infectious disease on the advice of the School Medical Officer.’

NORTHAMPTONSHIRE COUNTY COUNCIL      Form SHS/9  
Education Committee  
SCHOOL HEALTH SERVICE

.....School

Date.....

(This form is to be used for reporting on the incidence of infectious disease in school (see above). Weekly reports should be sent every Friday afternoon until the incidence of the disease has abated.)

I beg to advise you that the number of children absent from School on account of infectious disease is as follows :

| <i>Nature of Disease</i><br>(e.g., <i>Scarlet Fever</i> ,<br><i>Measles</i> , <i>Whooping Cough</i> ) | <i>Number of</i><br><i>patients</i><br><i>absent</i> | <i>Number of</i><br><i>contacts</i><br><i>excluded</i> |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|

.....  
The percentage of attendance for the week has been.....

.....  
REMARKS : e.g., Is there a concentration of cases in one class ?

.....  
Signed.....  
Head Teacher

In 1952, following the procedure in the general circular, Head Teachers sent in reports about infectious diseases as follows :

|                  |                       |                       |                             |                       |
|------------------|-----------------------|-----------------------|-----------------------------|-----------------------|
| <i>Influenza</i> | <i>Mumps</i>          | <i>Chicken Pox</i>    | <i>Scarlet Fever</i>        | <i>Whooping Cough</i> |
| 1                | 30                    | 37                    | 32                          | 18                    |
| <i>Measles</i>   | <i>Ringworm</i>       | <i>German Measles</i> | <i>Infectious Hepatitis</i> |                       |
| 29               | 4                     | 15                    | 4                           |                       |
|                  | <i>Conjunctivitis</i> | <i>Impetigo</i>       | <i>Poliomyelitis</i>        |                       |
|                  | 5                     | 3                     | 1                           |                       |

In the Autumn there was a considerable increase in Scarlet Fever in the Avondale Infants' School, Kettering, which was visited on a number of occasions by members of the medical staff and by the health visitor.

SCHOOL PREMISES AND SANITATION

On their visits to schools for routine medical inspection purposes the Assistant School Medical Officers take the opportunity of inspecting the premises, and any defects adversely affecting the health of the pupils are reported to the Chief Education Officer or the County Architect.

The Education Committee allow in their estimates an amount of money for improvements to schools, particularly those in the rural area, and though all the defects reported cannot be remedied straight away, I am glad to say that the standard of hygiene in the schools is gradually being improved. The policy of the Committee is to convert pail closets to water closets as soon as piped water supplies and main sewerage is available. In addition, defects of lighting and ventilation have been attended to.

The problem of the pail closet in the village schools, where there are no prospects of piped water supplies or main sewerage for some years, is a difficult one. From the Annual Report of the School Medical Officer for Wiltshire, Dr. J. Burman Lowe, I observed that he had adopted a scheme for using a disinfectant. Dr. Burman Lowe kindly supplied full details of his scheme which has now been adopted by the Committee. Briefly, a measured quantity of a suitable disinfectant fluid is added to the pails after emptying, with the object of reducing odour and the nuisance caused by flies. The scheme has been adopted as a temporary expedient to make the best of unsuitable conditions until such time as the provision of water closets is practicable.

At the end of the year there were 104 schools which were still using pail closets.

### **MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION**

The Ministry of Education arrangements for the medical examination of candidates applying for entry to Training Colleges and entrants to the teaching profession have been revised as from 1st April, 1952.

In accordance with the Ministry Circular 249 of 28th March, 1952, the following procedure is now adopted :

1. Candidates applying for admission to Colleges are examined by a School Medical Officer of the area where they live.
2. Entrants to the teaching profession are examined by a School Medical Officer of the appointing Local Education Authority.

3. As from 1st April, 1953, the Minister will require an X-ray examination of the chest to be included as an essential part of the medical examination of entrants to the teaching profession.

Members of the School Medical Staff have carried out 45 medical examinations.

## **NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN**

For several years a joint committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health and the Population Investigation Committee have been following the health, growth and development of 6,000 children born in one week in March, 1946, who are drawn from all social classes and from all parts of Great Britain.

The main aims of the enquiry are :

- (a) to collect information on a national scale on accidents, illnesses, growth and development ;
- (b) to show in what ways the health and growth of young children are affected by the environment in which they live ;
- (c) to trace the history of a large group of prematurely born children who have been individually matched with children born at term ;
- (d) to observe the achievement of children against the background of their ability, health and opportunities.

Thirty-five of the children concerned are living in Northamptonshire and the Education Committee agreed to participate in the survey by arranging for special examinations by the school doctors and home visits by the health visitors. This work was carried out in the early part of the year, and it is gratifying to be able to report that in no instance was objection raised by a parent to the examination or to the home visit.

The joint committee have been considering their plans for the continuation of the enquiry and have decided that clinical examinations should be carried out at the ages of 7, 9 and 11 years, supplemented by school absence records kept by head teachers and

amplified by the reports of the mothers on their children's health during holiday periods. The Chief Education Officer has arranged for absence records to be kept by the head teachers of the survey children and early next year the health visitors will be asked to collect a copy of each record and co-relate it to information obtained from a home visit.

**NATIONAL SOCIETY FOR THE  
PREVENTION OF CRUELTY TO CHILDREN**

The Inspectors of this Society have rendered valuable service to the community during the past year.

Investigations were made in 117 cases concerning a total of 253 children and of these, 40 cases involving 99 children were referred by members of the County Council's Staff.

**SCHOOL MILK SUPPLIES**

All the 289 schools are supplied with milk. Every opportunity was taken to improve the supplies by the substitution of designated in place of non-graded milk, or by the provision of a bottled supply in place of a supply in bulk ; at the end of the year only two schools were supplied with unbottled milk, both these schools being situated in villages where a bottled supply is not available.

Milk is delivered at one school in pint bottles, but at all the others—286 out of 289—milk is supplied in one-third pint bottles.

Details of school milk supplies as at 31st December, 1952, are set out in Table I with the corresponding figures for the previous year in brackets.

**TABLE I**

|                              | <i>No. of<br/>Suppliers</i> |      | <i>No. of schools<br/>Supplied</i> |       |
|------------------------------|-----------------------------|------|------------------------------------|-------|
| Pasteurised milk .....       | 50                          | (47) | 252                                | (243) |
| Tuberculin tested milk ..... | 19                          | (23) | 33                                 | (40)  |
| Accredited milk .....        | 1                           |      | 1                                  |       |
| Non-designated (raw) milk    | 3 <sup>(c)</sup>            | (8)  | 3                                  | (9)   |
|                              | <hr/>                       |      | <hr/>                              |       |
|                              | 73                          | (78) | 289                                | (292) |
|                              | <hr/>                       |      | <hr/>                              |       |

See overleaf for notes (a) (b) and (c).

It is very gratifying to be able to report that only four schools are now supplied with milk which is neither pasteurized nor tuberculin-tested.

- (a) Of this number, 14 are holders of Pasteurisers' (Dealers') licences and deliver milk direct to 145 schools after bottling at licensed premises, 9 of which are situated in the County ;

Nineteen suppliers are local distributors who deliver milk—obtained from and bottled at one of the licensed premises—to 67 schools.

The remaining 17 suppliers are local dairymen, who bottle milk received in bulk from one or other of the licensed plants, and deliver to 40 schools.

- (b) Of the 19 suppliers of Tuberculin Tested milk, 14 are producer retailers supplying 24 schools, while the remaining 5 are local dairymen who supply milk from one or more producers to 9 schools.
- (c) The suppliers of Accredited and non-designated milk are all producer retailers.

A system of selective sampling of milk supplied to schools was adopted, representative samples being taken from suppliers rather than from individual schools. All samples were submitted to the Methylene Blue test for keeping quality ; and in addition, samples of pasteurised milk were submitted to the Phosphatase test, while raw milk samples underwent biological examination for the presence of the tubercle bacillus and brucella abortus.

Seventy milk supplies to schools were sampled in the course of the year and the results are set out in Table II.

TABLE II

|                                     |               | <i>Test</i>              |
|-------------------------------------|---------------|--------------------------|
|                                     |               | <i>invalid or</i>        |
|                                     | <i>Passed</i> | <i>Failed not tested</i> |
| (a) <b>Pasteurised</b> (38)         |               |                          |
| Methylene Blue Test .....           | 35            | 2 1                      |
| Phosphatase Test .....              | 33            | — 5                      |
| (b) <b>Tuberculin Tested</b> (26)   |               |                          |
| Methylene Blue Test .....           | 19            | 7 —                      |
| Biological examination for tubercle | 24            | 1 1                      |
| Biological examination for brucella | 24            | 1 1                      |

|                                     |   | <i>Test invalid<br/>or<br/>Passed Failed not tested</i> |   |   |
|-------------------------------------|---|---------------------------------------------------------|---|---|
| (c) <b>Accredited</b> (1)           |   |                                                         |   |   |
| Methylene Blue Test .....           | 1 | —                                                       | — | — |
| Biological examination for tubercle | 1 | —                                                       | — | — |
| Biological examination for brucella | 1 | —                                                       | — | — |
| (d) <b>Non-designated</b> (5)       |   |                                                         |   |   |
| Methylene Blue Test .....           | 4 | 1                                                       | — | — |
| Biological examination for tubercle | 4 | 1                                                       | — | — |
| Biological examination for brucella | 5 | —                                                       | — | — |

Appropriate action was taken in the case of adverse reports. 41 of the above samples were also examined for butter fat and non-fatty solids in the Health Department Laboratory, the results being notified to the Chief Inspector, Weights and Measures, for further action where necessary, and also to avoid duplication of sampling by the officers of the two departments.

One sample was found to be deficient in fat content, and 4 were below the standard for solids-not-fat.

I am grateful to the Chief Education Officer for supplying the following figures relating to the school milk and meals services :

The percentage of children present supplied with milk, as disclosed by the returns required by the Ministry of Education was :

|                                                                      | <i>October, 1951</i> | <i>October, 1952</i> |
|----------------------------------------------------------------------|----------------------|----------------------|
| Primary .....                                                        | 86.49% }             | 80.82%               |
| Secondary .....                                                      | 55.18% }             |                      |
| Nursery .....                                                        | 100%                 | 100%                 |
| <b>School Meals Service</b>                                          | <i>October, 1951</i> | <i>October, 1952</i> |
| Number of Canteens and Dining Centres                                | 154                  | 169                  |
| Number of Primary children taking mid-day meal daily .....           | 7,273 }              | 12,520               |
| Number of Secondary children taking mid-day meal daily .....         | 3,810 }              |                      |
| Percentage of Primary children present in school taking meal .....   | 27.76% }             | 35.71%               |
| Percentage of Secondary children present in school taking meal ..... | 51.68% }             |                      |

# VERMINOUS CHILDREN

## TABLE III

|       |                                                                                                                         |         |
|-------|-------------------------------------------------------------------------------------------------------------------------|---------|
| (i)   | Total number of examinations in the schools by the school nurses or other authorized persons .....                      | 121,732 |
| (ii)  | Total number of individual pupils found to be infested .....                                                            | 893     |
| (iii) | Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ..... | 10      |
| (iv)  | Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) .....  | 5       |

The health visitors have continued to visit schools every term and every month. These duties have meant a sacrifice of the health visitor's time especially in those cases—fortunately fairly isolated—where many home visits have to be paid and in which the health visitor supervises the cleansing operation—or even undertakes the task herself. Legal action was taken in respect of one family only during the year ; a fine was imposed on the father.

The hard core of the problem is almost invariably the children of problem families, in which there is a deplorably low standard of hygiene.

The work of the health visitors in keeping children free of vermin is often taken for granted. If, however, as has happened on account of lack of staff, a number of schools are not visited for cleanliness inspections, letters are soon received from parents and Head Teachers asking when the nurse is due to make an inspection. There are also many families whose standard of living is just above that of the problem family, but whose children would soon be verminous if it was not for the unremitting work of the health visitors. In view of the increasing shortage of health visitors, arrangements for cleanliness inspections to be carried out by suitable lay staff, where practicable, will have to be made. Already in Kettering, the Committee has approved of a lay orderly sharing the work of these inspections with health visitors.

## SCHOOL DENTAL SERVICE

### Report of Senior Dental Officer

There has been no addition to the staff this year, advertisements having met with no response. Though less than half the children in the County were examined by a dental officer during the year, no child, either at school or under school age, whose parent sought treatment has been unable to obtain it from the County Dental Service. The Ministry of Education considers that for a satisfactory service each school child should be examined at intervals of not more than one year and offered any treatment necessary. This is impossible with the existing staff. Though the time between inspections is still far too long, it is being reduced each year. In all, 138 schools were visited by a dental officer, during which visits 14,301 children were inspected. A further 2,498 children were referred for treatment either by teachers, parents, or school medical officers. This represents an increase of almost 20% on last year's total of specials, and though it is satisfactory from the point of view of the parents and patients obtaining treatment it does interfere with the routine inspections and treatment. Until routine inspection and treatment are carried out every year, this must be expected.

This year more sessions were given to school inspections than last year, but fewer to anaesthetics. 273 sessions were allotted to general anaesthetics, 4,618 of which were administered to school children. In addition, during the same sessions a further 335 children under school age and 120 expectant mothers were given a general anaesthetic for dental extractions. Owing to the present staff shortage it is not practicable to arrange special sessions for Maternity and Child Welfare patients. They are treated during the same sessions as school children. This means that the school dental returns do not show the total sessional output by the dental officers. There is unfortunately no decrease in the number of teeth that had to be extracted, the extraction rate per child being slightly higher than last year. Prophylactic dentistry is to the older dental officer a wistful memory.

The demand for orthodontic treatment is greater than last year, though few parents seem to appreciate the extent or cost of the treatment they demand. A "brace" seems to many anxious

parents a short cut to beauty, but great care must be taken before a patient is accepted for orthodontic treatment. Frequently the treatment lasts over two years and unless it is completed, the time spent is wasted. Some parents who promise co-operation for the duration of the treatment are not in a position to see that their promise is fulfilled. Other parents demand orthodontic treatment for a child whose mouth shows signs of years of obvious neglect. To undertake extensive treatment for these patients would deprive many other children of routine dental inspections and treatment. So as not to dissipate the dental officers' time over too many orthodontic cases it was agreed that each officer should limit himself during this year to two new patients per month. 115 new patients have been accepted for treatment this year, and these, together with the patients still under treatment at the end of last year, made 1,127 attendances for orthodontic treatment. 164 appliances were fitted, treatment being completed in 55 cases. In addition, 29 partial dentures, mostly one-tooth dentures, were fitted.

At the end of this report are tabulated the statistical returns (Table V) for the year and a table showing the variation in the amount of conservative treatment and extractions carried out for each hundred children during four years—1943, 1948, 1951 and 1952. This table shows the regrettable increase in the number of teeth requiring to be extracted and the decrease in the number of teeth saved per hundred children. The marked increase in the number of extractions points to the failure of the service to stop the spread of decay and to the amount of time spent on what can only be called 'salvage' as opposed to 'prevention'. Furthermore, in 1943, during 2,308 sessions of treatment 298 specials (i.e., children seeking treatment apart from those referred from a school inspection) were treated. In 1952 during 2,092 treatment sessions, 2,498 specials were treated. Further proof of the amount of time spent on 'salvaging' is that in 1943 nine children out of every 100 were given a general anaesthetic. In 1952 the number was 58.

The Mobile Dental Clinic has been fully used throughout the year, summer and winter. In all, 24 towns or villages have been visited, *viz.*, Rothwell, Daventry, Middleton Cheney, Kings Sutton, Aynhoe, Heyford, Bugbrooke, Kislingbury, Harpole, Spratton, Brixworth, Welford, Clipston, Yardley Gobion, Potterspury, Paulerspury, Deanshanger, Brackley, Long Buckby, Guilsborough, West Haddon, Crick, Towcester and Thrapston. During the year

over 2,500 children have been treated in the mobile dental clinic, many of them, of course, attending the mobile clinic from outlying villages and for whom transport was provided.

The new clinic at Wellingborough, though not yet completed, should be ready for use during the early months of 1953. The new clinic at the Stockburn Memorial Home, Kettering, is in daily use but should be equipped with an X-ray outfit. An X-ray unit has been provided in Northampton where 126 radiographs were taken during the year.

Treatment per 100 children

|                                     | 1943 | 1948 | 1951 | 1952 |
|-------------------------------------|------|------|------|------|
| Fillings in permanent teeth .....   | 109  | 62   | 45   | 58   |
| Fillings in temporary teeth .....   | 55   | 50   | 14   | 8    |
| Extraction of permanent teeth ..... | 13   | 8    | 17   | 23   |
| Extraction of temporary teeth ..... | 93   | 65   | 122  | 130  |
| General anaesthetics administered   | 9    | 16   | 52   | 58   |
| Treatment sessions .....            | 2308 | 3055 | 2149 | 2092 |

TABLE V

Dental Inspection and Treatment carried out by the Authority

Year ended 31st December, 1952

|     |                                                                 |       |
|-----|-----------------------------------------------------------------|-------|
| (1) | Number of pupils inspected by the Authority's Dental Officers : |       |
|     | (a) Periodic .....                                              | 14301 |
|     | (b) Specials .....                                              | 2498  |
|     | Total (1) .....                                                 | 16799 |
| (2) | Number found to require treatment .....                         | 12051 |
| (3) | Number referred for treatment .....                             | 11813 |
| (4) | Number actually treated .....                                   | 7883  |
| (5) | Attendances made by pupils for treatment .....                  | 14335 |

|      |                                                                  |       |
|------|------------------------------------------------------------------|-------|
| (6)  | Half days devoted to : Inspection .....                          | 158   |
|      | Treatment .....                                                  | †2092 |
|      | Total (6) .....                                                  | 2250  |
| (7)  | Fillings : Permanent Teeth .....                                 | 4610  |
|      | Temporary Teeth .....                                            | 675   |
|      | Total (7) .....                                                  | 5285  |
| (8)  | Number of teeth filled : Permanent Teeth .....                   | 4186  |
|      | Temporary Teeth .....                                            | 644   |
|      | Total (8) .....                                                  | 4830  |
| (9)  | Extractions : Permanent Teeth .....                              | 1788  |
|      | Temporary Teeth .....                                            | 10264 |
|      | Total (9) .....                                                  | 12052 |
| (10) | Administration of general anaesthetics for ex-<br>traction ..... | 4618  |
| (11) | Other operations : Permanent Teeth .....                         | 1913  |
|      | Temporary Teeth.....                                             | 2009  |
|      | Total (11) .....                                                 | 3922  |

† No allowance has been made for maternity and child welfare patients who have been treated during these sessions.

## CHILD GUIDANCE CLINIC

There were changes in the staff of the Child Guidance Clinic. After Dr. J. E. G. Vincenzi left in January, the clinic was without a Psychiatrist for about seven weeks. In March, Dr. E. M. Booth took up duty as locum tenens Psychiatrist, travelling from Buckinghamshire each week. In November, Dr. R. Thompson was appointed by the Oxford Regional Hospital Board as consultant Psychiatrist to share duties between St. Crispin's Mental Hospital and the Child Guidance Clinic. He spends four sessions a week at the Child Guidance Clinic. Mr. L. P. Star, Ph.D., the Educational Psychologist, left in August and was succeeded in September by Miss D. V. Scott, M.A.

Psychiatric treatment is now available for four sessions a week and, during these periods, clinics are held weekly in Northampton and fortnightly in Kettering and Wellingborough. Visits are paid regularly to the two hostels for maladjusted children—Holyrood and Rostrevor, and cases referred by the Courts for psychiatric advice are also dealt with.

During 1952, 319 cases were referred for examination by members of the Child Guidance Staff, and of these 157 boys and 77 girls, a total of 234, were County children. Of this number, 148 were referred on account of purely educational problems and required examination only by the Psychologist. Thirty-four children were seen by the Psychiatrist and the Psychologist and three by the Psychiatrist alone. On December 31st, 46 County children were receiving psychiatric treatment and 33 cases had been discharged during the year. There was a waiting list of 24 children.

Cases were referred by Hospital Consultants, School Medical Officers, Family Doctors, Magistrates, Health Visitors, Head Teachers and the Children's Officer.

The advice of the Child Guidance team has been sought on a number of problems. Many children are referred because they are not making normal progress at school. Sometimes this is found to be due to the child's limited intelligence and the teacher can be advised as to the best method of helping him to make the most of his ability. Sometimes, the child is retarded as a result of long or frequent absences from school and here remedial teaching can help, or it may be possible for the child to spend a period at the Experimental Class in Kettering until he has caught up with the work

he has missed and is able to return to his own school. Sometimes the child is unable to get on with his school work because of some emotional disturbance and then he attends the clinic for psychiatric treatment.

Other children are referred for behaviour difficulties. They may be aggressive or withdrawn ; they may steal or bed-wet or truant from school ; they may suffer from tics or other habit spasms. A Secondary Modern School girl was frequently getting into trouble at school until her actions caused so much disturbance that there was some doubt as to whether she could continue to be educated with other children. During her interviews at the clinic it was found that this girl very much wanted to attend another school and her anti-social behaviour was her reaction to many imagined grievances at the school she was determined to dislike. It was possible to effect a transfer to the other school where she settled down happily.

Instead of getting on with his work, a nine year old boy spent his time in school showing-off to his class mates and playing the fool generally. On examination, it was found that he was far from being a fool and that his energies were being mis-directed because the work he was being given to do was too easy and he became bored. At the same time, the home atmosphere was tense because the parents had convinced themselves that their son's strange behaviour was caused by serious mental instability. Their anxiety was relieved ; the boy was moved at school from a ' B ' to an ' A ' stream and there he made good progress.

Another boy of seven, of average intelligence, was subject to uncontrollable outbursts of temper, both at home and at school. The home was not a very satisfactory one and he was placed in Holyrood Hostel for maladjusted children so that he could receive regular treatment. In this case the trouble was found to have a primarily physical basis. With medical attention and the security that a stable background afforded him, he was able to be discharged as cured at the end of six months.

A little girl of eight years was referred for withdrawn behaviour. Her own mother had died a year previously and she had spent several months in a Children's Home before being placed with foster parents. The insecurity of her early life coupled with her low

intelligence made it difficult for her to adjust to her new surroundings and she was very jealous of the other children who were much brighter. In spite of the efforts of the foster parents, the child's behaviour became more difficult and they found it progressively harder to cope with the problem. It was decided that she should be taken into care, and at the Home where she is now living she has gradually become more relaxed and happy, is helpful to the staff and kind to the younger children.

Another foster child who was referred for difficult behaviour was able to remain with his foster parents after treatment. He too was a deprived child of limited intellectual ability but instead of being withdrawn and sullen, his symptoms were aggressive. He attended the clinic for ten months and there, through advice given to the foster parents and play therapy treatment with the boy, a complete readjustment was made.

An intelligent little boy of six was refusing to work at school and was being very troublesome at home in defying his parents—behaviour which had worsened since the birth of a sister. The boy had spent long periods in hospital and the parents did not like to be too strict with him. The boy himself imagined, particularly after the arrival of the baby, that he was rejected by the parents and his rebellious behaviour was a misguided attempt to force attention on himself and thereby to gain affection. It was explained to the parents that firmness, combined with their real affection for the child, should produce results. After a few visits to the clinic considerable improvement was shown and it was reported that he was doing better work at school.

Such results—and there are many others like them—are encouraging to those who work at the Child Guidance Clinic and to those who come to them for help. All cases do not end so happily, and for the failures there are two main causes. The service is a voluntary one and to be successful must have the co-operation of the parents. Unfortunately, some parents are unwilling or unable to co-operate. Secondly, there are limits to the knowledge which is at yet available for tackling the problems which arise. For the solution of some of them we must await the results of future investigation and research.

## SPEECH THERAPY

Miss Major-Lucas resigned from the post of Speech Therapist to the County Council on August 31st, 1952. Miss Dentith was appointed and took up her duties on September 1st, so that there was no break in the continuity of the speech therapy service in the County throughout the year.

Eleven clinics were held each week at 5 towns in the County—Northampton, Kettering, Wellingborough, Corby and Rushden. Children came in from the outlying districts to these centres. A number of home and school visits were paid during the first part of the year, but in the last few months this has not been possible, so the work of the Speech Therapist has been centred on the clinics. It has been the aim of the Speech Therapist to interview the mother of each child wherever possible. In a number of cases it has been very helpful to get a picture of the child's background from the Health Visitor.

The patients attending the clinic can be superficially divided into two classes—those with a disorder of articulation and those with a stammer. In a few cases both disorders are present. Disorder of articulation covers a variety of defects—from a lisp to twins who speak a language of their own.

A typical case is of a 6 year old boy who developed normal speech but when a baby sister was born returned to his baby talk. Treatment of the speech defect alone is not sufficient, because he can speak normally if he wishes. Therapy helps him to gain a sense of his value in the home situation.

Another case shows the importance of co-operation in the home. A seven year old boy came to the speech clinic for the first time in September—'S' was omitted entirely from his speech for no apparent reason. No deafness, no physical defect and no obvious emotional cause could be discovered. He learnt to say an 'S' in isolation and to put it into words without any difficulty and by December, he was able to use 'S' quite normally in conversation. His mother showed interest in his treatment and practised his words with him regularly with excellent results.

Regarding the cases of stammering, it has been found in a number of cases that an important contributing factor in the development and sustaining of the stammer has been tension in

the classroom. For example, one boy, who is a backward reader, has developed such a fear of reading that each sentence is preceded by a stammer.

Each of the 90 children attending the clinic presents a different problem and in nearly every case individual attention is essential and is given.

**Statistics for period January-August**

|                                    |       |
|------------------------------------|-------|
| Number of Sessions.....            | 304   |
| Number of Attendances.....         | 1,375 |
| Number of Patients Attending ..... | 74    |

**Statistics for period September-December**

|                                    |     |
|------------------------------------|-----|
| Number of Sessions.....            | 149 |
| Number of Attendances .....        | 799 |
| Number of Patients Attending ..... | 90  |

*Comprising :*

|                                      |    |
|--------------------------------------|----|
| (i) Defects of Articulation .....    | 53 |
| (ii) Stammering.....                 | 35 |
| (iii) Cleft Palate .....             | 2  |
| Number of Patients Interviewed ..... | 22 |
| Number of Patients Deferred .....    | 16 |
| Number of Patients Discharged .....  | 9  |



